

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	12-15-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		6-6-94 71622	3-8 3/30/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/15/00
2	✓	✓	12/15/00
3	✓	✓	12/15/00
4	✓	✓	12/15/00
5	✓	✓	12/15/00
6	✓	✓	12/15/00
7	✓	✓	12/15/00
8	✓	✓	12/15/00
9	✓	✓	12/15/00
10	✓	✓	12/15/00
11	✓	✓	12/15/00
12	✓	✓	12/15/00
13	✓	✓	12/15/00
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20	✓	✓	12/15/00
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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